



# PRIVATE SANITARY SEWERS OPERATING (PSO) PERMIT APPLICATION

**DERM - Miami-Dade County**  
33 SW 2nd Avenue, Suite 500  
Miami, Florida 33130-1540

## Notes:

1. Please complete and/or correct information as necessary.
2. You **MUST** return this form properly SIGNED, along with the **PSO ANNUAL REPORT FORM**, the ELAPSED TIME (E.T.) METER FORM(s) and your corresponding fee.

Page 1 of 2

### GENERAL INFORMATION (Please print or type)

Class: \_\_\_\_\_

PSO#: \_\_\_\_\_

To Be Assigned by DERM

To Be Assigned by DERM

Facility Name: \_\_\_\_\_  
(Include Store Number, If applicable)

Company Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Facility Phone: \_\_\_\_\_  
(As it appears in County records) ( ) Ext.

Property Tax Folio No

### PERMITTEE INFORMATION:

Permittee Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Mailing Contact Name)

Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_ - \_\_\_\_\_ Ext

e-mail address (if any): \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION: (You MUST COMPLETE / UPDATE this box)

Emergency Contact Person: \_\_\_\_\_ Phone (24 HRS): \_\_\_\_\_ - \_\_\_\_\_

### COLLECTION SYSTEM INFORMATION (As per drawings submitted to this Department)

Number of Pump Stations within property: \_\_\_\_\_ Pump Capacity (GPM): \_\_\_\_\_ / \_\_\_\_\_  
Pump 1 / Pump 2

Total Number of Sanitary Sewer Manholes Within the Property: \_\_\_\_\_

Total Length of the Gravity Sewer Lines

4" Diam.(ft.): 6" Diam. (ft.): 8" Diam. (ft.): 10" Diam. (ft.): 12" Or Larger (ft): Acres:

Maint./Service Contractor ( & Ph. No.) : \_\_\_\_\_

Please attach a check in the amount of \*\*\*\$ \_\_\_\_\_ made payable to "Miami-Dade County". This fee amount is based on the fee schedule approved by the Board of County Commissioners. PLEASE INCLUDE PSO PERMIT NUMBER ON YOUR CHECK.

**SEE BACK OF THIS FORM FOR AUTHORIZATION AND FEE SCHEDULE**

The undersigned owner or authorized representative\* of: \_\_\_\_\_  
 Facility / Business / Company Name

is fully aware that the statements made in this application for an operation permit are true, correct, and complete to the best of his/her knowledge and belief. Further, the undersigned agrees to maintain and operate the pollution source and pollution control facilities in such a manner as to comply with the provisions of Chapter 24, Metropolitan Dade County Code, and all the rules and regulations of the department. He/She also understands that a permit, if granted by the department, will be non-transferable and he/she will notify the department upon sale, change of location, or legal transfer of the permitted facility.

\*attach letter of authorization, if necessary

### SIGNATURE STATEMENT

I certify under penalty of law that this document was prepared by me or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or the persons directly responsible for gathering the information, that the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative, Owner or Corporate Official: \_\_\_\_\_  
 Signature

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### FEE SCHEDULE

The permit fee is the sum of the **Piping Fee** plus the **Private Pump Station Fee**. This is ONLY IF the facility has more than 1000 feet of pipe, six inches or larger in nominal diameter. Otherwise, the fee will be based on the number of private pump stations only.

#### Piping Fee

- 4 in. pipe: No Charge
- 6 in. pipe: \$0.12/LF
- 8 in. pipe: \$0.20/LF
- >8 in. pipe: \$0.26/LF

#### Private Pump Station Fee

- Sanitary Pump Station fee is now at **\$150.00** each for all type facilities, regardless if they meet the 1000 feet criteria.



# Private Sanitary Sewers (PSO) ANNUAL REPORT FORM

Property Folio #:	Class:	PSO No.:
Facility Name:		
Facility Address:		

## I. SYSTEM DESCRIPTION

### A. Contact Information.

Contact person at facility:	Phone:	Ext.
Emergency / Night Contact:	Phone (24 hr.):	Ext.

### B. Type of Use.

Office / Retail / Warehouse	Manufacturing _____	Residential _____	Other _____
Business Hours: _____ hours per day _____ days per week Other: _____			

### C. Pump Station(s), if present. Check if changed since last year ☐

PUMP DESCRIPTION	PUMP TYPE	PUMP CAPACITY (GPM)
PUMP # 1		
PUMP # 2		

Note: 1. If more than one (1) pump station within the facility, attach table with additional information.  
2. Refer to *Operations and Maintenance (O&M) Manual* for pump information.

## II. RECORDS

### A. If there have been any changes in the collection system during the last year, attach current Sanitary Sewer Collection System Drawing or Plumbing Plan (outside buildings only).

Copy attached: Yes _____ No _____
-----------------------------------

### B. Has the Sanitary Sewer System within the property/facility been evaluated for a future rehabilitation work or due to the SSES requirement?

Future Work: Yes _____ No _____	SSES Requirement: Yes _____ No _____
If yes, provide schedule and scope of work. If necessary, use a separate sheet of paper	

### C. Has any rehabilitation work been completed within the past year, to correct Infiltration / Exfiltration / Inflow within the property?

Yes _____ No _____	If yes, provide scope of work. If necessary, use a separate sheet of paper
--------------------	--

### D. Nuisance problems.

Has the property/facility experienced any sewer overflows and/or sewer back-ups, etc., within the last 12 months?
Yes _____ No _____ If yes, explain. If necessary, use a separate sheet of paper

### E. Operations & Maintenance Manual Approved by DERM?

Yes _____ No _____ If yes, indicate location of manual: _____
---

### F. Is there a LOG BOOK, for recording ALL ACTIVITIES at the Private Sanitary Sewer System, available on-site? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, indicate the location of the Log Book: \_\_\_\_\_

(CONTACT DERM – PSO PROGRAM IF YOU NEED CLARIFICATION ABOUT THE LOG BOOK)

Table 1 - Collection System Parameters

	4 in.	6 in.	8 in.	10 in.	12 in.	>12 in.	# of Sanitary Manholes	Pump Station(s)
Reported to DERM (ft.)								

Note: If the information previously reported is still correct, do not make changes / corrections.

I certify under penalty of law that this document was prepared under my direction or supervisions in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Authorized Rep., Owner, or Corporate Official

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# PRIVATE SEWAGE PUMP STATION ELAPSED TIME (ET) METER FORM

PSO: \_\_\_\_\_ Located by: \_\_\_\_\_  
FACILITY NAME: \_\_\_\_\_

## NOTES

1. The Operating Permit will not be issued if you fail to submit ET Readings
2. This form must be signed by a corporate official or authorized representative, who shall be responsible for the validity of the information provided.
3. If you want to submit the **ET readings electronically**, send e-mail request to: [gattob@miamidade.gov](mailto:gattob@miamidade.gov)

**IF THE E.T. READINGS ARE TO BE SUBMITTED ELECTRONICALLY,  
YOU DO NOT NEED TO COMPLETE THIS FORM.**

Enter below the company name, or person, that will submit the **ELECTRONIC FORM** to **DERM**:

1	2	3	4	5	6	7	8
DATE	READING PUMP 1 From meter1	TIME PUMP 1 (hours)	READING PUMP 2 From meter2	TIME PUMP 2 (hours)	# OF DAYS Between Readings	TOTAL TIME PUMP 1 + PUMP 2 (Column 3 + Column 5)	AVG. DAILY OPERATING HOURS Column 7 Divided by Column 6
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Last  
Reading  
Reported



PREPARED BY : \_\_\_\_\_ PHONE: \_\_\_\_\_

- This form must be submitted with the renewal of the PSO permit and when requested by DERM.
- Readings must be taken at least once within the first week of each month.
- Perform all calculations and check all entries before submitting this form.



- Direct any questions or comments to Mr. Oscar Aguirre at (305) 372-6877

I certify under penalty of law that this document was prepared by me or under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or the persons directly responsible for gathering the information, that the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Representative, Owner or Corporate Official: \_\_\_\_\_

Signature

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## SAMPLE CALCULATION

### PRIVATE SEWAGE PUMP STATION ELAPSED TIME METER FORM

PSO: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_

	1	2	3	4	5	6	7	8
	DATE	READING PUMP 1	TIME PUMP 1 (hours)	READING PUMP 2	TIME PUMP 2 (hours)	# OF DAYS IN PERIOD	TOTAL TIME PUMP 1 + PUMP 2	AVG. DAILY OPERATING HOURS
1	12/1/98	0330.50	N/A	0086.00	N/A	N/A	N/A	N/A
2	1/2/99	0392.00	61.50	0159.75	73.75	32	135.25	4.23
3	2/1/99	0468.75	76.75	0232.00	72.25	30	149.00	4.97
4	3/5/99	0522.25	53.50	0312.00	80.00	32	133.50	4.17
5	4/1/99	0593.00	70.75	0371.50	59.50	27	130.25	4.82
6	5/3/99	0671.00	78.00	0449.00	77.50	32	155.50	4.86
7	6/2/99	0757.50	86.50	0554.50	105.50	30	192.00	6.40
8	7/1/99	0843.00	85.50	0658.00	103.50	29	189.00	6.52
9	8/1/99	0933.00	90.00	0757.25	99.25	31	189.25	6.10
10	9/4/99	1020.75	87.75	0855.25	98.00	34	185.75	5.46
11	10/1/99	1079.00	58.25	0904.00	48.75	27	107.00	3.96
12	11/2/99	1128.00	49.00	0974.50	70.50	32	119.50	3.73
13	12/1/99	1181.25	53.25	1022.00	47.50	29	100.75	3.47

FORM COMPLETED BY: \_\_\_\_\_

Ph: \_\_\_\_\_

**Column 1:** Enter date reading was taken.

**Column 2:** Enter current reading from ET meter for pump 1.

**Column 3:** Current reading minus previous reading for pump 1.

**Column 4:** Enter current reading from ET meter for pump 2.

**Column 5:** Current reading minus previous reading for pump 2.

**Column 6:** Calculate the number of days between previous reading and current reading.

**Column 7:** Add Column 3 plus Column 5.

**Column 8:** Divide column 7 by column 6.